



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF REVENUE – DIVISION OF MOTOR VEHICLES  
100 MAIN STREET  
PAWTUCKET, RI 02860  
(401) 462-4DMV

## APPLICATION FOR TITLE

CHECKED BY	TITLE FEE <b>\$ 26.50</b>	TITLE CODE	MILEAGE		OWNER'S LICENSE #
ARE YOU APPLYING FOR: <input type="checkbox"/> TITLE ONLY <input type="checkbox"/> SECURITY ADDITION <input type="checkbox"/> CORRECTION					OWNER'S DATE OF BIRTH
OWNER'S NAME LAST FIRST M.I.					
MAILING ADDRESS STREET # CITY/TOWN STATE ZIP CODE					
YEAR	MAKE	MODEL	BODY	CYL.	VEHICLE IDENTIFICATION #

TRUCKS and TRAILERS only GVW: \_\_\_\_\_ TRAILERS only LENGTH: \_\_\_\_\_

SELLER'S NAME LAST FIRST M.I.				DATE SOLD	
SELLER'S ADDRESS STREET # CITY/TOWN STATE ZIP CODE					
RI DEALER'S LIC. #		THIS VEHICLE IS: <input type="checkbox"/> NEW <input type="checkbox"/> USED		PRIOR TITLE #	
				PRIOR TITLE STATE	
FIRST LIENHOLDER'S NAME LAST FIRST M.I.				DATE OF LIEN	
FIRST LIENHOLDER'S ADDRESS STREET # CITY/TOWN STATE ZIP CODE					
SECOND LIENHOLDER'S NAME LAST FIRST M.I.				DATE OF LIEN	
SECOND LIENHOLDER'S ADDRESS STREET # CITY/TOWN STATE ZIP CODE					

The undersigned declares under penalty of perjury that no other liens exist against this vehicle other than the above, and that all statements made on this application are true and complete to their knowledge and belief. Personal information contained in your motor vehicle record will be disclosed only if the State has obtained the express consent of the person to whom such personal information pertains. DO YOU CONSENT TO SUCH DISCLOSURE? ☐ YES ☐ NO

\_\_\_\_\_  
OWNER'S SIGNATURE                      DATE                      NOTARY PUBLIC                      DATE

NAME OF PERSON SUBMITTING DOCUMENTS

\_\_\_\_\_  
Name (PLEASE PRINT)                      Signature

\_\_\_\_\_  
Agent of                      License State                      License, Passport, Photo ID #